

PART B - FEE(S) TRANSMITTAL

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490 7590 05/27/2010

VIDAS, ARRETT & STEINKRAUS, P.A.
 SUITE 400, 6640 SHADY OAK ROAD
 EDEN PRAIRIE, MN 55344

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

N/A	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/517,072

05/10/2005

Andreas Van Elkoren

H01.2-11733-U501

8652

TITLE OF INVENTION: DENTAL MASKING PRODUCT FOR TEETH AND GUM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$755 1510.00

\$300

\$0

\$1055

08/27/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
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LEWIS, RALPH A

3732

433-136000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent from page, list

(1) the names of up to 3 registered patent attorneys

or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. _____

2. Vidas, Arrett & Steinkraus

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

VOCO GmbH

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Cuxhaven, Germany D-27472

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

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☒ Issue Fee

☐ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies _____

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☐ A check is enclosed.

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 220350 (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(p)(2).

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Authorized Signature /Scott Q. Vidas/

Date July 29, 2010

Typed or printed name Scott Q. Vidas

Registration No. 30812

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